

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$17.00 for date of service 03/21/01.
- b. The request was received on 02/07/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution dated
 - b. HCFA(s)
 - c. TWCC 62 form
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Based on Commission Rule 133.307 (g)(4), There is no Carrier sign sheet in the file.

III. PARTIES' POSITIONS

1. Requestor: The requestor states in the correspondence dated 02/01/02 that...

“The attached file is being sent to your office for mediation on an outstanding bill. (Provider) has attempted to solve[sic] resolve this matter with the insurance carrier, but has been unsuccessful. On March 21, 2001, ___ was seen at ___ related to his on the job injury of ___. While there, a femur radiograph was taken, and read by ___. It was decided that the patient would undergo surgery for his injuries and another femur X-ray was taken, this on[sic] by ___. The bills and related radiological reports for these services were submitted to (Carrier) insurance, the carrier for this claim. We received payment for one of the services on June 19, 2001. The second charge was not processed. A denial was received on August 24, 2001, denying that charge as a duplicate procedure. Attached is a copy of the request for reconsideration submitted to (Carrier) regarding that denial. These charges were submitted with a ‘-77’ modifier per correct billing procedures, signifying that two separate procedures were performed.”
2. Respondent: The Carrier did not respond to this dispute.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 03/21/01.
2. The denial code listed on the EOB is "PAYF-THIS PROCEDURE/SERVICE CODE IS REIMBURSED BASED ON YOUR STATE WORKERS COMPENSATION MEDICAL FEE SCHEDULE."
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
03/21/01	73550-26	\$30.00	\$0.00	F	\$17.00	MFG GI (VIII); (I)(A)(3) TWCC modifiers CPT descriptor	<p>"-26 modifier Professional Component: The listed value of certain procedures (laboratory, x-ray, specific diagnostic services, etc.) is a combination of a professional component and a technical component. When the professional component is billed separately, add the modifier '-26' to the procedure code." According to the Rule (I)(A)(3): "To identify a charge for professional component only, use the procedure code followed by the modifier – 26."</p> <p>Medical documentation indicates that services were rendered and billed according to the MFG. Therefore, reimbursement is recommended in the amount of \$17.00.</p>
Totals		\$30.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$17.00.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$17.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 15th day of October 2002.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division